

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	21/17		6-19
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		LSW	6/29/01
FORMALITY REVIEW	lit	907	8-901
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/12/01
2	12/12/01
3	12/12/01
4	12/12/01
5	12/12/01
6	12/12/01
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8	12/12/01
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49	12/12/01
50	12/12/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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